

NOTICE OF CLAIM FORM to the City of Saint Paul, Minnesota

Minnesota State Statute 466.05 states that “...every person...who claims damages from any municipality...shall cause to be presented to the governing body of the municipality within 180 days after the alleged loss or injury is discovered a notice stating the time, place, and circumstances thereof, and the amount of compensation or other relief demanded.”

Please complete this form in its entirety by clearly typing or printing your answer to each question. If more space is needed, attach additional sheets. Please note that you may or may not be contacted by telephone to discuss your claim circumstances, so provide as much information as necessary to explain your claim, and the amount of compensation being requested. This form must be signed, and both pages completed. If something does not apply, write ‘N/A’.

**SEND COMPLETED FORM AND OTHER DOCUMENTS TO:
CITY CLERK, 15 WEST KELLOGG BLVD, 310 CITY HALL, SAINT PAUL, MN 55102**

First Name _____ Middle Initial _____ Last Name _____

Company or Business Name, if applicable _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Telephone (____) _____ Evening Telephone (____) _____

Date of Accident/ Injury or Date Discovered _____ Time _____ am / pm (circle)

Please state, in detail, what occurred, and why you are submitting a claim. Please indicate why or how you feel the City of Saint Paul or its employees are involved and/or responsible.

Please check the box(es) that most closely represent the reason for completing this form:

- | | |
|--|---|
| <input type="checkbox"/> Vehicle was damaged in an accident | <input type="checkbox"/> Vehicle was damaged during a tow |
| <input type="checkbox"/> Vehicle was damaged by a pothole or condition of the street | <input type="checkbox"/> Vehicle was damaged by a plow |
| <input type="checkbox"/> Vehicle was wrongfully towed and/or ticketed | <input type="checkbox"/> Injured on City property |
| <input type="checkbox"/> Other type of property damage – please specify _____ | |
| <input type="checkbox"/> Other type of injury – please specify _____ | |
| <input type="checkbox"/> Other type not listed – please specify _____ | |

In order to process your claim **you need to include copies of all applicable documents.** This is a general guideline of what should be submitted with a claim form, but it is not all inclusive. You may be asked to provide additional information depending on your claim.

- ☐ Property damage claims to a vehicle: at least two estimates for the repairs to your vehicle, or the actual bills and/or receipts for the repairs
- ☐ Towing claims: legible copies of any tickets issued and copies of the impound lot receipts
- ☐ Other property damage: repair estimates, detailed list of damaged items
- ☐ Injury claims: medical bills, receipts
- ☐ Photographs can be provided but will not be returned.

**Page 1 of 2 – Please complete and return both pages of Claim Form
Failure to provide a completed claim form will result in delays in processing.**

Notice of Claim Form, City of Saint Paul, page two

All Claims – please complete this section

Were there witnesses to the incident? Yes No Unknown (circle)

If yes, please provide their names, addresses and telephone numbers:

Were the police or law enforcement called? Yes No Unknown (circle)

If yes, what department or agency? _____ Case # or report # _____

Where did the accident or injury take place? Provide street address, cross street, intersection, name of park or facility, closest landmark, etc. Please be as detailed as possible. If helpful, attach a diagram.

Please indicate the amount you are seeking in compensation from this claim or what you would like the City to do to resolve this claim to your satisfaction. _____

Vehicle Claims – please complete this section

☐ check box if this section does not apply

Your Vehicle: Year _____ Make _____ Model _____

License Plate Number _____ State _____ Color _____

Registered Owner _____

Driver of Vehicle _____

Area Damaged _____

City Vehicle: Year _____ Make _____ Model _____

License Plate Number _____ State _____ Color _____

Driver of Vehicle (City Employee's Name) _____

Area Damaged _____

Injury Claims – please complete this section

☐ check box if this section does not apply

How were you injured? _____

What part(s) of your body were injured? _____

Have you sought medical treatment? Yes No Planning to Seek Treatment (circle)

When did you receive treatment? _____ (provide date(s))

Name of Medical Provider(s): _____

Address _____ Telephone _____

Did you miss work as a result of your injury? Yes No

When did you miss work? _____ (provide date(s))

Name of your Employer: _____

Address _____ Telephone _____

☐ Check here if you are attaching more pages to this claim form. Number of additional pages ____.

By signing this form, you are stating that all information you have provided is true and correct to the best of your knowledge. Unsigned forms will not be processed. Submitting a false claim can result in prosecution.

Print the Name of the Person who Completed this Form: _____

Signature of Person Making the Claim: _____

Date form was completed _____

Revised April 2007